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ABSTRACT

This report describes a project that established family day care homes in Mississippi and made use of senior citizens as day care providers. The goals of the project were to provide alternative day care arrangements for low income parents and to offer senior citizens extra income and strengthen their self-image. Advantages of home-based day care were determined to be (1) fewer transportation difficulties for low income mothers; (2) siblings remaining together; (3) more attention for each child; (4) lower costs, especially important in light of funding cutbacks; and (5) no costly regulations applying to the care of more than five children. The program was implemented at local levels by Head Start agencies, aging offices, day care projects, and other social agencies, which in part used the services of volunteers. These local sponsors assisted in recruiting, training, equipping, evaluating, and monitoring day care providers; in addition, they helped link the family day care network with existing social services. The project was successful in establishing 60 day care homes, serving 290 children. Formal evaluation of the program was not possible, but informal interviews generated information about the kinds of services needed by parents and about the program's effect on the health, self-concept, and economic status of day care providers. (CB)

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ED248958

July 27, 1984

FAMILY DAY CARE NETWORKING PROJECT

Grant Number 90 - CJ - 54

MISSISSIPPI GOVERNOR'S OFFICE OF

HUMAN DEVELOPMENT

COMMISSION FOR CHILDREN AND YOUTH

submitted to

OFFICE OF HUMAN DEVELOPMENT

SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PS 014555

RS

STATE OF MISSISSIPPI
OFFICE OF THE GOVERNOR

MICHAEL RAFF
Director
Department of Human Development

NELLIE B. HUTCHISON
Director
Governor's Commission for Children and Youth

July 26, 1984

Ms. Mary A. White
Grants Officer, OHDS
Office of Grants Management
330 Independence Avenue S.W.
Room 1740
Washington, D.C. 20201

Re: Grant Number 90-CJ-54

Dear Ms. White:

In compliance with Federal Regulations, Title 45 Part 74, Para. 74.82c, I am enclosing the final report for the above referenced grant.

Please notify me if additional information is needed.

Sincerely,

Nellie B Hutchison

Nellie B. Hutchison
Director

NDH:vv

cc: Margaret Tolson
Patricia Hawkins
Michael Raff
Ruth D. Wilson

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PRESENT STATUS

The Family Day Care Networking Project, discretionary Grant Number 90-CJ-54, ended April 30, 1984. At the close of this grant there were thirty-two homes operating in Bolivar, Adams, Jefferson and Marion counties, Mississippi, providing care for 156 children. The potential for project implementation had also been explored in several other Mississippi counties, primarily in the Mississippi Delta, but these efforts did not result in the opening of additional homes.

At the time the project was due to end, the earlier work came to fruition and there were increasing requests for assistance in setting up family day care homes. The mushrooming interest is largely due to an increased community awareness of the program, and the positive image evidenced by those homes in operation and the local sponsors. Staff of the Governor's Office of Human Development, Divisions of Children and Youth, and Voluntary Citizen Participation (herein referred to as GOHD staff) have continued working with project sponsors to enhance the services provided on the local level and to explore new methods for increasing program efficiency and serving more children.

As a result, there are now sixty day care homes, serving 290 children. Six additional homes are scheduled to begin operations in the near future and inquiries continue to be made by interested persons seeking to become home day care providers, or to secure accessible day care for their children. It is projected that before the end of the calendar year, 1984, as many as fifty day care homes could be operating in Bolivar and Adams counties, covering most of the geographic areas of these two counties, and serving a broad cross-section of the population.

As a result of this mushrooming interest, adequate funds are needed by this office to equip and child-proof the additional day care homes that are opening or are scheduled to open.

BASIC OPERATIONS

The family day care home provider is the basic unit of service delivery in each county. The home provider maintains relations with the parents, exchanging information pertinent to the well-being of each child in their care; plans and implements the daily activities and meals; keeps an inventory of child care items either in the home or needed in the home; does basic record keeping essential to child care operations and reports to the project sponsor in a timely and regular manner.

The individual home provider is also responsible for ensuring an operable back-up system in the event that she is unable to be in the home, or cannot accept children in the home, on a particular day. This responsibility is generally met through the assistance of family members and close friends. To date, this back-up system has been successfully utilized and has contributed to the continuity of the project.

The local project sponsor works with the home provider in ensuring that a quality level of day care services is maintained and in planning and implementing a training schedule. Training in areas pertinent to child day care is generally conducted by qualified staff of the sponsoring agency, and by representatives of local, state and federal social services agencies. The local sponsor consults with GOHD staff concerning needs on the local level, and keeps this office apprised of the overall program operations. (Attached is a copy of sponsor monitoring form)

PROJECT HISTORY

From its inception the primary goal of the Family Day Care Networking Project has been to provide alternative child day care arrangements, through a comprehensive community-based day care network, utilizing senior citizens as key day care providers. The project was initiated in response to the growing need for expanded and innovative child day care in Mississippi. Further, this project was intended to provide older persons an opportunity to supplement their small, fixed incomes and involve themselves in a positive work experience.

The Governor's Office of Human Development determined, based on prior studies, that the absence of alternative day care arrangements posed a significant hardship for a large number of parents of pre-school aged children, particularly single parents. Without an access to day care, many parents were required to remain in the home to care for their small children. In two parent homes, this deters at least one parent from seeking gainful employment or completing their education. In a single parent home, this condition serves to lock the parent into the welfare cycle.

A 1977 needs assessment, conducted by the Mississippi State Department of Public Welfare, of A.F.D.C. mothers, cited lack of transportation as the key deterrent to their utilization of existing day care services. This problem is especially prevalent in rural Mississippi, where inadequate or non-existent public transportation systems isolate many families from existing child care centers.

The problems of poverty and isolation likewise affect the state's senior population. Many senior citizens live on small, fixed incomes, and owing

to their diminished employment opportunities, acquire a negative self image. This project was intended to enable senior citizens to supplement their fixed incomes and provide them a positive work experience. Further, it was determined that an inter-generational and inter-agency program would prove more cost effective, while conferring benefits on a larger cross-section of the state's citizens.

In developing an accessible and affordable child day care alternative, the Governor's Office of Human Development determined that a home-based system was preferrable. Advantages included:

1. A minimum of transportation difficulties for low-income mothers.
2. It would permit siblings to remain together.
3. It provides an intimacy, and a degree of attention for each child, not found in center-based day care.
4. It is less expensive than other forms of day care - particularly in light of funding cut backs for center based day care.
5. The care of five or less children does not require adherence to costly regulations.

It was proposed that Head Start Agencies, Community Action Agencies, day care projects and area aging offices be utilized in implementing the program on local levels. Primarily these sub-contracting agencies would:

1. serve as a conduit for the flow-through of funds.
2. Assist with recruiting.
3. Assist with the implementation of a prescribed training program.
4. Assist with evaluation and monitoring.
5. Assist with developing and/or linking the family day care network with social services and other community resources.

Prior to efforts at project implementation, a planning meeting was held, attended by representatives from a Head Start Training Agency, the Mississippi Council on Aging, the Mississippi State Department of Public Welfare and a Family Based Day Care Operator. The purpose of this meeting was to enlist the support of agencies that impact on children, and to look into the possibility of defraying project costs.

Certain modifications in the project became necessary in the early stages of implementation efforts. Key among these modifications was a budget and program revision transferring the project to the Governor's Office of Voluntary Citizen Participation (a division of the Governor's Office of Human Development). In light of the reduced funding levels of potential sponsors, resulting in staff and services reductions, it was recognized that a strong volunteer base was required to increase program efficiency and maximize the potential for success.

By the Summer of 1983, local sponsors had already been secured in Adams, Jefferson, Marion and Bolivar counties, and preparations were being made in these counties to open day care homes.

At this time, efforts were stepped up at project implementation in several Mississippi Delta counties - Bolivar being the one delta county in which day care homes were operating. GOHD staff sought to recruit potential sponsors in Carroll, Holmes, Leflore, Sunflower, Sharkey, Issaquena and Washington counties.

Potential sponsors in Holmes and Carroll counties declined participation in the project citing one, or more of the following reasons:

1. No available funds to assist them with administrative costs.
2. General disinterest among the senior citizens in the county for keeping children.
3. Agency priorities do not include day care at this time.

Early implementation efforts in the remaining delta counties appeared more promising during the Summer months, and training sessions were planned for October, 1983. The first of these training sessions would take place in Greenwood. The Leflore County Voters League had expressed an interest in

serving as project sponsor there, and a number of senior citizens, and younger women were recruited as potential day care providers. Late in the Summer, however, the Leflore County Voters League declined further participation in the program, citing the need to devote full energies to the State and Local elections occurring in Mississippi at that time. It was decided that the training session would proceed on schedule for those persons wishing to become day care providers, while efforts would continue at locating a project sponsor.

The training session was held, as scheduled, in Greenwood, for potential Leflore County day care providers. One week later a training session was held in Greenville for potential day care providers in Washington, Sharkey, Issaquena and Sunflower counties.

Several potential day care providers attended both training sessions and appeared initially interested in operating family day care homes. Following the training sessions, however, each of these potential day care providers declined further participation in the program. A meeting was held between GOHD staff and potential project sponsors to determine the reasons for this occurrence. The following reasons were offered:

1. Fear of losing public benefits (this fear was heightened by the presence of County Welfare Department personnel at the training sessions).
2. Uncertainty as to program purpose.
3. Fear of the amount of paperwork involved.
4. Insufficient initial community education was done as to program purpose.
5. Lack of support evidenced among key community leaders that potential day care providers can trust.
6. State Agency (GOHD) not sensitive to local community needs.

GOHD determined that the economics of these counties played a significant role in the response to the program, locally. These counties are among the poorest in the Nation and as such the need for day care was not so prevalent among a population unable to find and sustain steady employment.

RESEARCH COMPONENT

The Research component of the Family Day Care Networking Project was intended to glean vital information from the project, so it could be replicated in different regions of Mississippi.

A key objective of the research component was to determine how well senior citizens responded to child day care training, and to instructional materials prepared for them by GOHD and other agencies.

In the preparation of training materials, it was decided that a lengthy "how-to" manual would deter senior citizens from participating in the project. As an alternative, three sharp, attractive and concise informational brochures, entitled CHILD NUTRITION Q&A, CHILD-PROOFING YOUR HOME and RECORD KEEPING IN A SMALL CHILD CARE BUSINESS were prepared by this office. Prior to the publication of these pamphlets, their content was reviewed by qualified state and federal personnel and constructive suggestions for changes were heeded. The materials have been well received by child care providers and professionals since their publication. (Five copies of each are included)

The Research Component was originally designed to reveal the following data for the final report:

1. The average rate of increase in income for senior citizens involved in the program.
2. Changes, if any, in the Public Benefits status due to income increases for senior citizens.

3. Problems with record keeping on the part of senior citizens.

4. Diet of children while they are in the day care homes - whether or not they are receiving adequate diets.

5. Report on changes in the diets of senior citizens as a result of information learned from program's nutrition component.

6. Number of parents of children, receiving day care, who are now working because they have been able to find affordable day care.

7. Estimates of real income being pumped into local economy as a result of income increases for both seniors and parents of children.

   A. Buying power of seniors and parents.
   B. Overhead cost of food and other child care items being purchased from local vendors by child care providers.

8. Quality of life assessments for senior citizens and families of children.

   A. Are medical bills for senior citizens showing a decrease since anxieties related to income, isolation and general feelings of uselessness, are being alleviated?

   B. Is the general health of children showing an improvement due to a better diet?

FINDINGS OF RESEARCH COMPONENT

When the research component was designed, it was projected that several day care homes would be opening throughout the Mississippi Delta. The pre-test questionnaires (copies of each are included) would be distributed to senior home care providers and the parents of the children receiving day care, just prior to the opening of the day care homes. The post-test questionnaires (copies of each are included) would be distributed to the same persons one year later. The administering of these tests would enable GOHD staff to glean the information listed above.

The opportunity did not present itself for the questionnaires to be utilized in the intended manner. Pre-testing and Post-testing was conducted

on older home providers in Adams and Jefferson counties, but as these homes were already in operation, prior to the testing, it was recognized that inaccuracies and biases would be injected into their answers. It was determined that testing errors would be minimized if pre-testing were done in that period between home certification and actual day care operations. The defections of potential day care providers in the Mississippi Delta counties, hampered the opportunity for an ideal utilization of the questionnaires.

Another hindrance to effective testing was the participation of non-senior citizens in the program, as day care providers. While the project was primarily intended for senior citizens to serve as child day care providers, the high level of need for child day care in the target counties necessitated the acceptance of younger persons as service providers. While hampering the effective utilization of the day care providers' questionnaire, this circumstance nevertheless enabled the opening of additional day care homes, thereby providing a needed service to a population hitherto isolated.

Visits with both older and younger home providers by a GOHD staff person, in which informal interviews were conducted, did reveal the following findings pertinent to the project:

The income earned through this project, by older and younger day care providers, is sufficient to supplement other sources of income. While not ensuring financial security, it does at least provide extra spending money for necessities and certain luxuries.

There are no reported changes in any home provider's public benefits status due to project participation.

There are no evident changes in the habits of senior citizens, relative to the purchase of luxury items, or entertainment, as a result of project participation. This appears to be due more to personal lifestyle rather than economic factors.

There is no evidence of change in the health status of senior citizens participating in this project. Those senior providers experiencing health problems at the program's inception - conditions not severe enough to hinder their abilities as day care providers - still experience those problems, but as they are not caused by anxiety relative to loneliness and isolation, this project has not served as a psychological factor in correcting those problems.

There are no reported decreases in medical or drug bills.

There is a strong consensus among senior providers that project participation has heightened their feelings of usefulness. Certain of these senior providers report lessened feelings of isolation and loneliness due to project participation.

There are no measureable changes in the diets of senior providers since the program's origin. The dietary habits of low-income southerners, particularly older ones, are culturally prescribed and are very resistant to change.

Those senior providers that have medical problems relative to diet make necessary adjustments as advised by a physician, not due to any nutrition training received through this project.

The dietary habits of the project participants are not improper, but do tend to contain many of the excesses common to the southern diet (salt, frying etc.).

The seniors have responded well to nutrition training - relative to the needs of the children - and are providing nutritious meals and snacks for the children in their care. (The local sponsor monitors the situation daily).

The seniors have responded well to other training, particularly in record keeping. (The project sponsor closely monitors this situation, and assists with record keeping).

Administering the pre and post test questionnaires to the parents of the children receiving care did not prove feasible, due either to the intimate nature of the relationship between the home provider and parent, or to the particular arrangement under which a child is receiving day care.

The parents who are entrusting their children to the care of a home provider tend to regard their arrangement as a personal one, that while including the local sponsor to a degree, does not necessarily include a state agency. Further, some children are receiving day care under the Title XX

Purchase of Care Plan - including abused and neglected children - and these families tend to be the responsibility of the County Welfare Department.

Another factor hindering the pre and post testing of the parents of children receiving day care is the fact that several day care homes were already operating when the research component was designed. A greater opportunity for testing parents would have afforded itself if additional homes had opened in the Autumn of 1983, in the Mississippi Delta, as had originally been projected.

The informal interviews with the home providers did reveal pertinent information about the parents utilizing the family day care homes:

The service user tends to be a young, single mother - generally in her twenties, although some are in their thirties.

Access to day care enables the parent to find work, or to continue her education.

Many of these single mothers need day care for their children, only until they are old enough for Head Start, at which time they are removed from the day care home.

As many of these single mothers do not have older children who could keep their younger siblings during the Summer months, child day care services are required the entire year.

CONCLUSION

The Family Day Care Networking Project has enabled a greater access to day care services in target areas of Mississippi. Program expansion in these areas is both feasible and necessary, but the opening of new homes will require adequate funds to child-proof and equip them.

The opening of additional homes in the target areas will likewise require an expenditure of time and staff by the local sponsoring agency, to ensure that the homes are properly equipped and made ready to receive children. Adequate

funds should be made available to the local sponsor so that at least a portion of the salary of the staff person responsible for local project implementation can be reimbursed.

SENIOR CITIZENS - PRETEST

1. How old are you (be specific) ?

2. Whom do you live with? (Mark each one that applies)

   A. By myself
   B. With my spouse
   C. With one or more of my children
   D. With a brother or sister
   E. With a friend

3. Race/Ethnic group
   A. Black
   B. White
   C. Oriental
   D. Hispanic
   E. American Indian
   F. Lebanese/Syrian
   G. Italian

4. Marital Status

   A. Married
   B. Divorced
   C. Never married
   D. Widowed
   E. Separated

5. How much education do you have?

   A. 8 years or less
   B. 9 - 11 years
   C. High School graduate
   D. Some college
   E. Completed college
   F. Post College

6. What is your present monthly income?

   A. $250 or less
   B. $251 to $350
   C. $351 to $450
   D. $451 to $550
   E. Over $550

7. What are your sources of income? (check all that apply)

   A. Social Security
   B. Supplemental Security Income
   C. Veteran's Benefits
   D. Disability Benefits
   E. Public or Private Pensions
   F. Food Stamps
   G. Other (specify)

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8. How much do you spend each month at the grocery store?

A. $25 or less
B. $26 to $35
C. $36 to $45
D. $46 to $60
E. Over $60 per month

9. What are your medical expenses per month?

A. Doctor visits $_____
B. Health Dept. $_____
C. Medicine & Drugs $_____

Total monthly medical Exp. $_____

10. How many meals a day do you normally eat?

A. Five meals a day
B. Four meals a day
C. Three meals a day
D. Two meals a day
E. One meal a day
F. Snacks when necessary
G. No usual routine

11. What do your meals generally consist of? (check all that apply)

A. Fruits_____
B. Vegetables_____
C. Cereals, Pasta Products (spaghetti, macaroni)_____
D. Dairy Products_____
E. Meats, Chicken, or Fish_____

12. How often do you buy yourself new clothes?

A. Very often_____
B. Occasionally____
C. Hardly ever_____
D. Never_____

13. Do you sometimes feel lonely, neglected, or isolated from life?

A. All of the time
B. Often
C. Sometimes
D. Never
E. Don't know

14. Do you ever go out for recreation (movies, restaurants, social events)

A. Never
B. Rarely
C. Often
D. Very often

15. Do you have any of the following physical ailments? (check all that apply)

A. High Blood Pressure
B. Palsy, shakes, tremors
C. Anemia
D. Others (specify)

ATTACHMENT NUMBER 2:

1. Whom do you now live with? (be specific)

   A. By myself
   B. With my spouse
   C. With one or more of my children
   D. With a brother or sister
   E. With a friend

2. Marital status

   A. Married
   B. Divorced
   C. Never married
   D. Widowed
   E. Separated

3. What is your present monthly income?

   A. $250 or less
   B. $251 to $350
   C. $351 to $450
   D. $451 to $550
   E. $551 to $700
   F. $700 to $850
   G. Over $850

4. What are your sources of income? (check all that apply and put the amount of each)

   A. Social Security
   B. Supplemental Security Income
   C. Veteran's Benefits
   D. Disability Benefits
   E. Public or Private Pensions
   F. Food Stamps
   G. Other (specify)

5. Do you have any of the following physical ailments? (Check all that apply)

   A. High Blood Pressure
   B. Palsy, shakes, tremors
   C. Anemia
   D. Others (specify)

6. How much do you now spend each month at the grocery store? (only what you spend for yourself - excluding what you spend on the children)
   A. $25 or less
   B. $26 to $35
   C. $36 to $45
   D. $46 to $60
   E. Over $60 per month

7. What are your medical expenses per month now?

   A. Doctor visits $_____
   B. Health Department $_____
   C. Medicine and Drugs $_____
   Total monthly med. exp. $

8. How many meals a day do you now normally eat?

A. Five meals a day
B. Four meals a day
C. Three meals a day
D. Two meals a day
E. One meal a day
F. Snacks when necessary

9. What do your meals now generally consist of?

A. Vegetables
B. Fruits
C. Cereals, Pasta Products (macaroni, spaghetti)
D. Dairy Products
E. Meats, chicken, or fish

10. Do you sit down to eat with the children in your care?

A. Breakfast only
B. Lunch only
D. Breakfast and lunch
E. Not at all

11. How often do you now buy yourself new clothes?

A. Very often
B. Occasionally
C. Hardly ever
D. Never

12. How often do you now buy yourself luxury items?

A. Very often
B. Occasionally
C. Hardly ever
D. Never

13. Do you sometimes feel lonely, neglected, or isolated from life?

A. All of the time
B. Often
C. Sometimes
D. Never
E. Don't know

14. Do you now go out for recreation(Movies, restaurants, social events etc)?

A. Never
B. Rarely
C. Often
D. Very often

15. Has operating this childcare program made any changes in your life?

A. Very positive changes
B. Positive changes
C. No real changes
D. Negative changes
E. Very negative changes

16. Feel free to say any changes, whether good or bad, that this project has made in your life.

CHILDCARE RECIPIENTS
PRE TEST

1. Sex

   A. Male
   B. Female

2. Marital Status

   A. Married
   B. Divorced
   C. Separated
   D. Widowed
   E. Never been married

3. Race/Ethnic Group

   A. Black
   B. White
   C. Oriental
   D. Hispanic
   E. American Indian
   F. Lebanese/Syrian
   G. Italian

4. How many persons are presently living in your home? (Count everyone)

5. Are you presently working?

   A. Part time
   B. Full time
   C. On a temporary job
   D. Not at all

6. If married, is your spouse working

   A. Part time
   B. Full time
   C. On a temporary job
   D. Not at all

7. How much education do you have?

   A. 8 years or less
   B. 9 to 11 years
   C. Finished High School
   D. Some college
   E. Finished college
   F. Completed a post college degree
   G. Vocational training

8. What is your family monthly income?

A. $350 or less
B. $351 to $450
C. $451 to $550
D. $551 to $650
E. $651 to $800
F. Over $800

9. What are the sources of your family income? (Check each one that applies and place the amount you receive by each one)

A. Wages and salaries
B. Veteran Benefits
C. AFDC
D. Supplemental Security Income
E. Social Security
F. Disability Payments (Workman's Comp. Social Security etc.)
G. Other (specify)

10. How old are you?

11. If married, how old is your spouse?

12. What do your children normally have for breakfast?

A. Eggs, or egg substitutes
B. Grits or hashbrowns
C. Sausage, bacon, or ham
D. Cereals, or oat meal
E. Toast or biscuits
F. Milk or Juice
G. Pancakes
H. Doughnuts, sweet rolls or other sweets
I. I do not usually cook breakfast, but let them get something at the store.

13. What do your children normally have for supper?

A. Vegetables
B. Meats, Poultry, or fish
C. Fruits
D. Sandwiches
E. Pasta products (macaroni, spaghetti)
F. I let them go to the store, or to a fast food place

14. What do your children normally have for supper?

A. Vegetables
B. Meats, poultry, or fish
C. Fruits
D. Sandwiches
E. Pasta Products
F. I let them go to the store or to a fast food place for supper

15. Do any of your children suffer from anemia (not enough iron in the blood)?

A. Yes
B. No and never have
C. Not at present, but have had it in the past

16. Do you have anemia?

A. Yes
B. No and never have
C. Not at present, but have had it in the past

17. Do you ever buy luxury items (gifts) for your spouse or yourself?

A. Never
B. Rarely
C. Often
D. Very often

18. Do you ever buy gifts for the children (apart from birthdays and holidays)
A. Never
B. Rarely
C. Often
D. Very often

19. We, the family, go out for recreational purposes (restaurants, movies, social events)

A. Never
B. Rarely
C. Often
D. Very often

1. Are you presently working?

   A. Part time
   B. Full time
   C. Working on a temporary job
   D. Not at all

2. How many persons are presently living in your home (include everyone)?

3. If married, is your spouse working?

   A. Part time
   B. Full time
   C. Working on a temporary job
   D. Not at all

4. What is your present family monthly income?

   A. $350 or less
   B. $351 to $450
   C. $451 to $550
   D. $551 to $650
   E. $651 to $800
   F. Over $800

5. What are the sources of your family income? (Check each one that applies and place the amount by each)

   A. Wages and salaries
   B. Veteran benefits
   C. AFDC
   D. Supplemental Security Income
   E. Social Security
   F. Disability Payments
   G. Other (specify)

6. What do your children now normally have for breakfast, when they are at home?

   A. Eggs, or egg substitutes
   B. Grits or hasbrowns
   C. Sausage, bacon or ham
   D. Cereals or oat meal
   E. Toast or biscuits
   F. Milk or juice
   G. Pancakes
   H. Doughnuts, sweet rolls, or other sweets
   I. I do not usually cook breakfast, but let them get something at the store.

7. What do your children now normally have for lunch, on days that they are home?

A. Vegetables
B. Meat, poultry, or fish
C. Fruits
D. Sandwiches
E. Pasta Products (macaroni or spaghetti)
F. I let them go to the store or a fast food place to get something to eat

8. What do your children now normally have for supper?

A. Vegetables
B. Meat, poultry, or fish
C. Fruits
D. Sandwiches
E. Pasta Products (macaroni or spaghetti)
F. I usually let them go to a fast food place or to the store to get something to eat.

9. Do any of your children now suffer from anemia?

A. Yes
B. No - never have
C. No, but did have anemia at the beginning of the childcare program

10. Do you have anemia

A. Yes
B. No, and never have
C. No, but had it at the beginning of the program

11. Do you now share supper with your children (eating together at the table)?

A. Never
B. Rarely
C. Often
D. Very Often

12. Do you ever buy luxury items for your spouse or yourself?

A. Never
B. Rarely
C. Often
D. Very often

13. Do you ever buy gifts for the children, other than on birthdays and holidays?

A. Never
B. Rarely
C. Often
D. Very often

14. Does the family ever go out together for recreational purposes (movies, restaurants or other social events)?

A. Never
B. Rarely
C. Often
D. Very often

15. Has this program made any changes in your life?

A. Very positive changes
B. Some positive changes
C. No real changes
D. Some negative changes
E. Some very negative changes
F. Don't know

16. If you feel that this program has made changes in your life, whether positive or negative, say what some of those changes are.

FAMILY DAY CARE NETWORKING PROJECT - SPONSOR MONITORING FORM:

1. How many homes are now operating in your county(ies) ? _____

2. What turnover rate, if any, have you experienced in home providers?

_____

3. Have you been called upon to help home providers in collecting their fees?

a. Yes_____
b. No_____

4. How often do you visit each home?

a. Very often_____
b. Often_____
c. Occassionally _____
d. Not very often_____

5. These home visits are generally

a. Planned in advance with the home provider_____
b. Made without prior knowledge of home provider_____
c. Made only when requested by home provider _____

6. Are the Senior home providers experiencing any difficulty in record keeping? _____

7. Has the business proven beneficial to senior providers in terms of income?

a. Yes_____
B. No_____

8. Has the business proven beneficial to senior providers in terms of their outlook on life (positive attitudes, cheerfulness, fulfillment)?

a. Yes_____
b. No_____

9. Are the children receiving adequate nutrition in the home day care centers?

a. Yes_____
b. No_____

10. Are the senior child care providers receiving better nutrition as a result of this program?

a. Yes____
b. No____

11. What are some other needs that senior child care providers have (such as training, technical assistance etc.)?

_____

ATTACHMENT NUMBER 6:

The informal interviews were conducted in the Day Care Home, by a GOHD representative. The interviews proceeded in a casual manner, and often took the form of a conversation rather than an actual interview. The day care provider was encouraged to speak freely about their work, and their feelings toward the project. The questions that were employed - with deviations - included:

1. How long has your home been in operation?
2. How many kids are you keeping?
3. What type of relationship do you enjoy with the parents?
4. Do any of the parents assist in planning day care activities?
5. What activities do you have for the children?
6. What is the marital status of the parents of the children you keep? *
7. Do they work, go to school or engage in other activities? *
8. About how old are the parents?
9. Do the kids you keep come from the immediate neighborhood or outside the immediate neighborhood?
10. Will you lose any children now that Summer is coming?
11. Will you lose any children to Head Start next year?
12. Are you keeping the same children now that you were in the beginning of the program? Have there been any changes?
13. What feelings do you have about this program?
14. Is there anything that you would like to say?

* these questions were not asked in such a constructed, formal manner. For example, words such as engage, or marital status were discarded as cold and not proper when speaking in a casual manner.

ATTACHMENT NUMBER 7

DISPOSITION OF PROPERTY

The property purchased with funds for this grant were utilized exclusively for home day care operations. This property qualifies as expendable personal property, and does not fall under the regulations of OMB Circular A - 102